

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mev</i>		06 14 01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>LR</i>	76-916	07-09-01
RESPONSE FORMALITY REVIEW	<i>JK</i>	838	10/10/01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	1/4/10 12/11
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	1/4/10
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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100	✓

Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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RESP-850  
10-11-01